



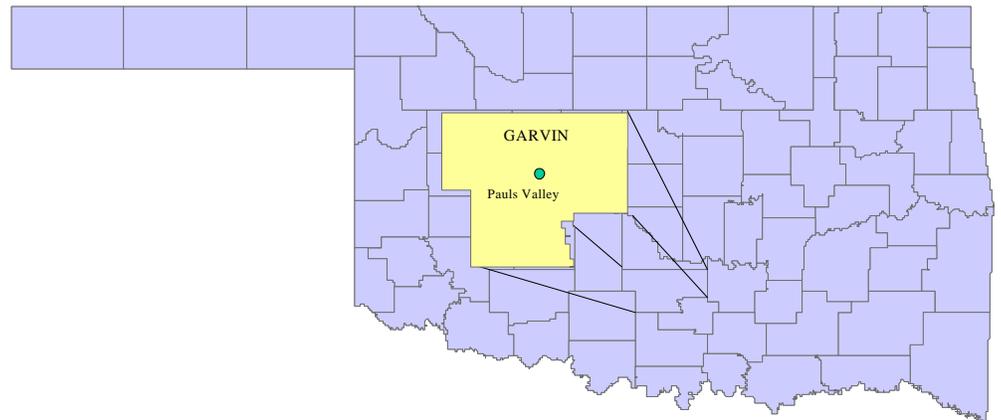
State of the County's Health Report

A Look Back To Move Forward

Garvin County

The state of Oklahoma has been in a downward health trend since the 1990's, until recently. Through the efforts of the state and county health departments, state and local governments and the individual communities the health of Oklahomans is looking up. However, we could do more to improve the health of the citizens of Oklahoma.

This report focuses on the health factors for the citizens of Garvin County. We will take a look back to discover what has been affecting the health of the citizens in order to move forward and make healthy, effective and safe changes for all.

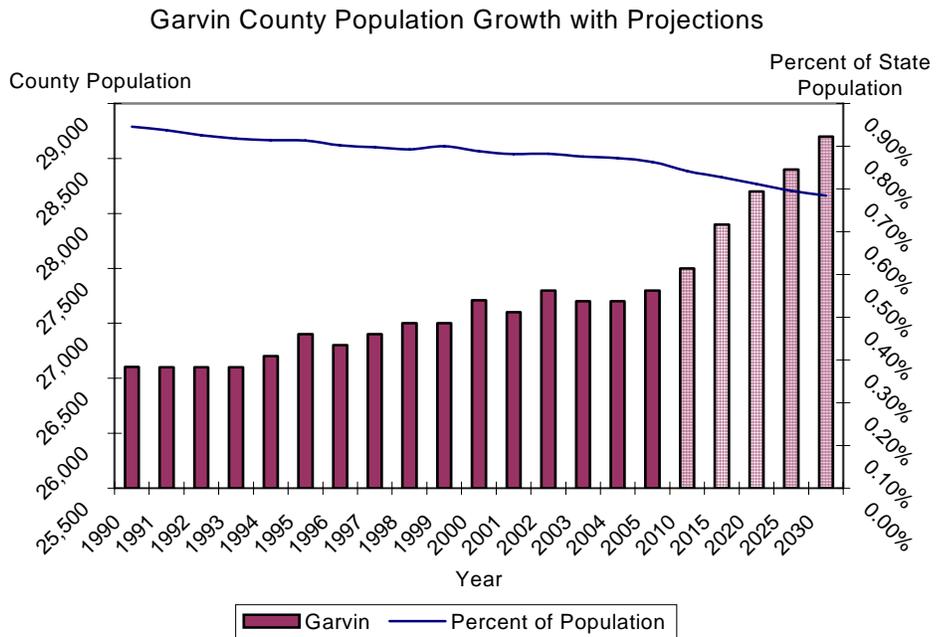


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Demographics

- Population estimates
 - 2% increase from 1990 to 2000 (26,605 to 27,210)
 - No increase from 2000 to 2004
 - Ranked 38th for growth in state
- 2000 Census
- Hispanic/Latino ethnicity = 3%
- Race
 - Whites = 85%
 - Native Americans = 7%
 - Blacks = 3%
 - Other/Multiple = 5%
- Age
 - Under 5 = 6%
 - Over 64 = 18%
 - Median age = 39.0 years
- Housing units
 - Occupied = 10,865 (86%)
 - Vacant = 1,776 (14%)
- Disability (ages 21 to 64) = 24.2% national = 19.2% state = 21.5%
- Individuals below poverty = 15.9% national = 12.4% state = 14.7%



* *Vital Statistics, Health Care Information Systems, OSDH & Centers for Disease Control*

Top 10 Leading Causes of Death

The top 10 leading causes of death table on the next page displays a broad picture of the causes of death in Garvin County. Since many health-related issues are unique to specific ages, this table provides causes of death by age group at a glance. The causes of death that are present across almost every age group have been highlighted. From 1983 to 1993 heart disease killed 1,553 people in Garvin County and

is still the leading cause of death among all age groups. According to the Centers for Disease Control, almost \$400,000 is spent on each heart disease-related death. With an average of 131 deaths a year, heart disease accounts for over \$48 million a year in medical costs in

Heart disease accounts for over \$48 million a year in medical costs in Garvin County.

Garvin County. Alzheimer's disease and the complications associated have increased from the 16th ranked cause of death (1983-1993) to the 10th ranked cause of death in persons 65 and older accounting for a 344% increase in deaths.

* *Behavioral Risk Factor Surveillance System, Health Care Information System, OSDH & Health Affairs Journal, R. Strum, 2002*

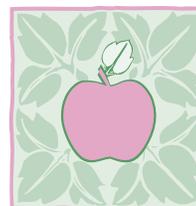
Nutrition and Obesity

With the United States coming in as the most obese country in the world, health care costs related to obesity and poor nutrition are on the rise.

Of the 292 million people in the United States, 129 million are overweight or obese according to their body mass index (BMI). The number of obese (BMI > 29) and overweight (BMI 25-29) Oklahomans has been increasing at the

same rate as the nation, and health care costs are reflecting this downward spiral of health. For persons under the age of 65, on average, health care costs are \$395 more for obese individuals and are even greater for persons over the age of 65.

In 2002-2004, 27.7%



**Sensible Foods – Sensible Portions
5 to 9 Fruits & Vegetables a Day**

(7,539) of people in Garvin County were considered obese which accounted for an additional \$2,977,905 in medical costs for the county. These costs are underestimated because they do not take into account the percentage of obese or overweight persons who are over the age of 65.

Top 10 Causes of Death by Age Group Garvin County 1993-2003

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 10	UNINTENT. INJURY 7	UNINTENT. INJURY 36	UNINTENT. INJURY 22	UNINTENT. INJURY 26	CANCER 61	CANCER 132	HEART DISEASE 1232	HEART DISEASE 1440
2	UNINTENT. INJURY 6	CANCER 2	SUICIDE 8	CANCER 9	HEART DISEASE 25	HEART DISEASE 59	HEART DISEASE 107	CANCER 605	CANCER 833
3	HEART DISEASE 4	HOMICIDE/LEGAL 2	HEART DISEASE 5	SUICIDE 9	CANCER 23	UNINTENT. INJURY 24	BRONCHITIS/EMPHYSEMA/ASTHMA 16	STROKE 229	STROKE 251
4	CONGENITAL ANOMALIES 3	NON-CANCEROUS TUMOR 1	HOMICIDE/LEGAL 3	HEART DISEASE 7	SUICIDE 8	SUICIDE 11	LIVER DISEASE 13	ATHERO-SCLEROSIS 182	UNINTENT. INJURY 221
5	HOMICIDE/LEGAL 1	HEART DISEASE 1	CANCER 1	HOMICIDE/LEGAL 6	HOMICIDE/LEGAL 5	BRONCHITIS/EMPHYSEMA/ASTHMA 8	STROKE 13	BRONCHITIS/EMPHYSEMA/ASTHMA 172	BRONCHITIS/EMPHYSEMA/ASTHMA 197
6	SEPTICEMIA (BLOOD POISONING) 1	OTHER 2	STROKE 1	INFLUENZA/PNEUMONIA 2	HIV 4	DIABETES MELLITUS 6	UNINTENT. INJURY 10	INFLUENZA/PNEUMONIA 129	ATHERO-SCLEROSIS 185
7	STROKE 1		OTHER 9	FIVE CAUSES TIED 1	LIVER DISEASE 3	LIVER DISEASE 5	DIABETES MELLITUS 8	UNINTENT. INJURY 90	INFLUENZA/PNEUMONIA 139
8	OTHER 6			SEPTICEMIA (BLOOD POISONING) 3	DIABETES MELLITUS 2	STROKE 5	INFLUENZA/PNEUMONIA 4	DIABETES MELLITUS 73	DIABETES MELLITUS 90
9				DIABETES MELLITUS 2	DIABETES MELLITUS 2	INFLUENZA/PNEUMONIA 3	ATHERO-SCLEROSIS 3	KIDNEY DISEASE 45	KIDNEY DISEASE 48
10				STROKE 2	STROKE 2	TWO CAUSES TIED 2	SUICIDE 3	ALZHEIMER'S DISEASE 40	SUICIDE 45

Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health
Produced by: Injury Prevention Service, Disease and Prevention Service, Oklahoma State Department of Health

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Injury and Violence

Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 4th leading cause of death in the United States and the 5th leading cause of death in Oklahoma from 1999-2002. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause of death.

This trend does not change much in Garvin County. Unintentional injuries are the leading cause of death from ages 5 to 44.

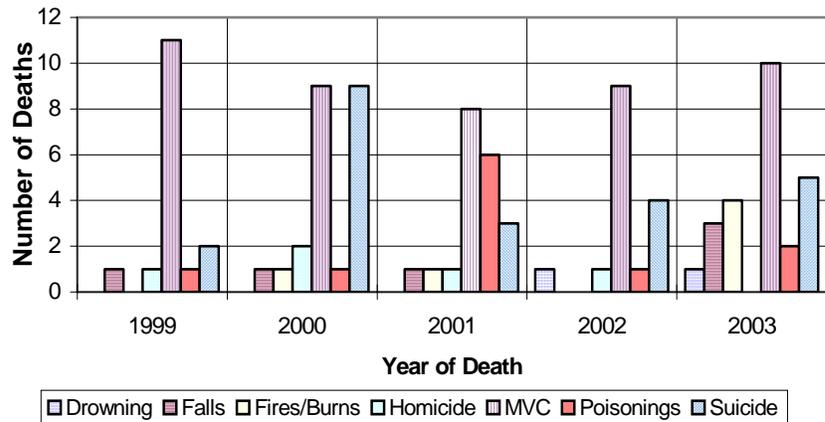
It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Garvin County which has an average of 9.4 motor vehicle-related deaths a year,

that translates to almost \$11 million a year.

Violence-related injuries (homicide

and suicide) in Garvin County are ranked in the top 10 in seven of the eight age groups (see Top 10 list on page 3).

Injury and Violence-Related Deaths in Pontotoc County, 1999-2003



* *Vital Statistics*, Health Care Information Systems, OSDH & Centers for Disease Control

Tobacco Use

According to the 2005 State of the State's Health Report, tobacco use among Oklahomans has remained fairly stable from 1990 to 2002. Oklahoma has been consistently higher in its tobacco use than the nation and is 30% higher than the nation on the amount of tobacco consumed per capita (103 packs vs. 79 packs).

Tobacco use is no longer just the

problem of the individual but also the community as a whole. With health care costs on the rise, targeting areas such as tobacco use is an effective way to control those costs.

In 2002, the CDC estimated that a person that used tobacco accrued over \$3,300 in health care costs per year. According to the Be-

havioral Risk Factor Surveillance Sys-

tem, it is estimated that 28.7% (7,812) of people in Garvin County use tobacco of some sort. Medical costs accumulated by those persons are almost \$26 million a year for Garvin County.

“Medical costs accumulated by those persons are almost \$26 million a year for Garvin County”

* *Behavioral Risk Factor Surveillance System*, Health Care Information System, OSDH & American Diabetes Association, 2002

Physical Activity, Wellness and Diabetes

The increasing inactivity of the U.S. population is contributing to an increase in numerous poor health-related outcomes. Physical inactivity robs the body of precious energy needed to function properly, in turn health declines and rates of various chronic diseases escalate.

According to the 2002-2004 Behavioral Risk Factor Surveillance System (BRFSS), it is estimated that 31.2%

(8,492) of people in Garvin County had no leisure activity in the past month at the time they were surveyed.

The BRFSS also indicated that 9.1% (2,477) of Garvin County citizens have been diagnosed by a health professional as hav-



Increase activity gradually. Moderate exercise for 30 minutes 5 days a week.

ing diabetes. In 2002, the per capita annual healthcare costs for people with diabetes was \$13,243 compared to \$2,560 for people without diabetes. Persons with diabetes accumulated health care costs of \$32,802,911 in one year for Garvin County.

Teen Pregnancy

While births to teen mothers (age 15 to 19) are on the decline in both the U.S. and Oklahoma, Oklahoma has moved up in rank from 13th to 8th in the

country. In 1993 the rate of teen births was 60.0 (per 1,000 15-19 year old females) in the U.S. and 66.6 in Oklahoma. In 2003, the

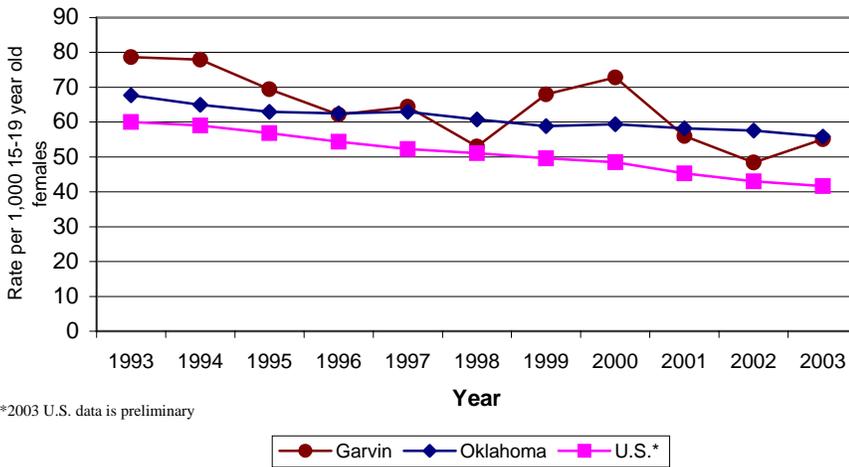
rate decreased to 41.7 in the U.S. and 55.8 in Oklahoma, a decrease of 31% and 7%, respectively.

Children of teen mothers are more likely to display poor health and social outcomes than those of older mothers, such as premature birth, low birth weight, higher rates of abuse and neglect, and more likely to go to foster care or do poorly in school. Additionally, births to teen mothers accumulate \$3,200 a year for each teenage birth, which is passed on to citizens.

According to Oklahoma Vital Statistics, Garvin County had a teen birth rate of 55.1 in 2003 which was a 14% increase from 2002 (48.4) but a 30% decrease since 1993 (78.7).

With an average of 61 births per year, teen pregnancy costs the citizens of Garvin County \$195,200 a year.

Rate of Live Births to Teen Mothers, Ages 15-19, 1993 to 2003



Note: Eleven births to a mother 10-14 years of age occurred during the 11

Poverty

* U.S. Census Bureau

As the nation advances in technology and the ability to detect and prevent disease at an earlier stage, persons that are impoverished carry a large burden of poor health outcomes. Higher incidences of unplanned or unwanted pregnancies, teen pregnancy, inadequate

prenatal care, higher rates of low-birth-weight babies, infant deaths and low immunization rates are all associated with poverty along with a myriad of other adverse health outcomes.

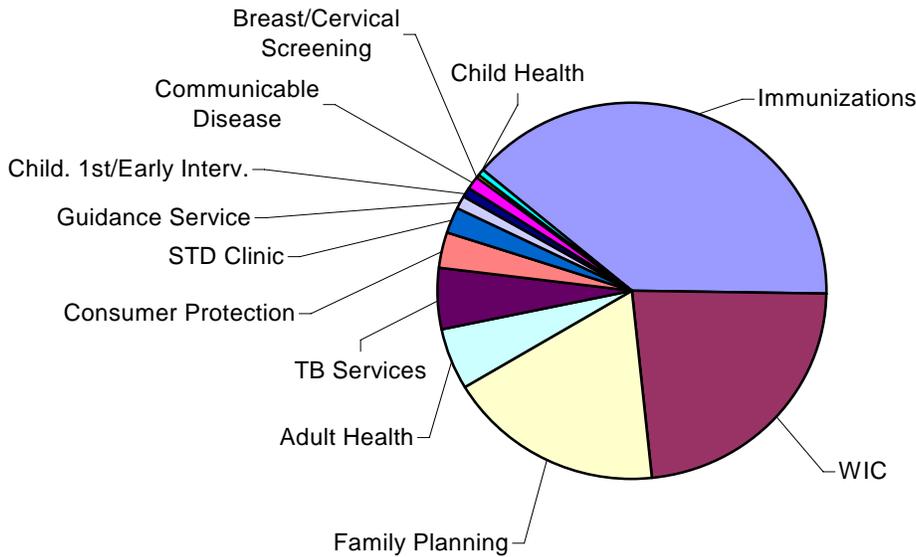
According to the 2000 census, 15.9% of persons in Garvin County for whom

poverty status was known had an income below what was need to live at the federal poverty level. Garvin County is 8% above the state (14.7%) and 28% above the nation (12.4%) for persons with incomes below the federal poverty level.

Income to Poverty Ratio, Garvin County, 2000 Census

Poverty level	Total	50% below	51% to 99% below	Poverty Level to 149% above	150% to 199% above	200% and above
Population	26,775	1,500	2,762	3,731	3,652	15,130
Cumulative Population		1,500	4,262	7,993	11,645	26,775
% of Total	100%	5.6%	10.3%	13.9%	13.6%	56.5%
Cumulative %		5.6%	15.9%	29.9%	43.5%	100%

Attended Appointments for Garvin County Health Department, State Fiscal Year 04



Health Care Costs Summary

Cardiovascular Disease (Heart Disease)

- Average 131 deaths a year
- \$369,476.69 per death
- Total— \$48,401,446.39 a year

Obesity

- 27.7% of population (7,539)
- \$395.00 in additional medical costs per person
- Total—\$1,412,915.00

Motor Vehicle-Related Injury Death

- Average 9.4 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$10,528,000.00 a year

Tobacco Use

- 28.7% of population (7,812)
- \$3,300.00 in health care costs
- Total—\$25,779,600.00 a year

Diabetes

- 9.1% of population (2,477)
- \$13,243.00 in healthcare costs a year
- Total—\$32,802,911.00 a year

Teen Pregnancy

- Average of 61 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total—\$195,200.00 a year



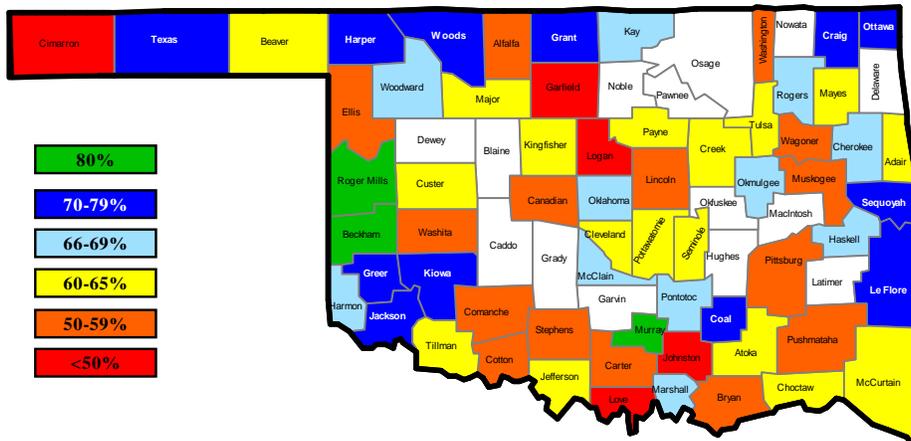
Grand Total for Garvin County:

\$119,120,072.39

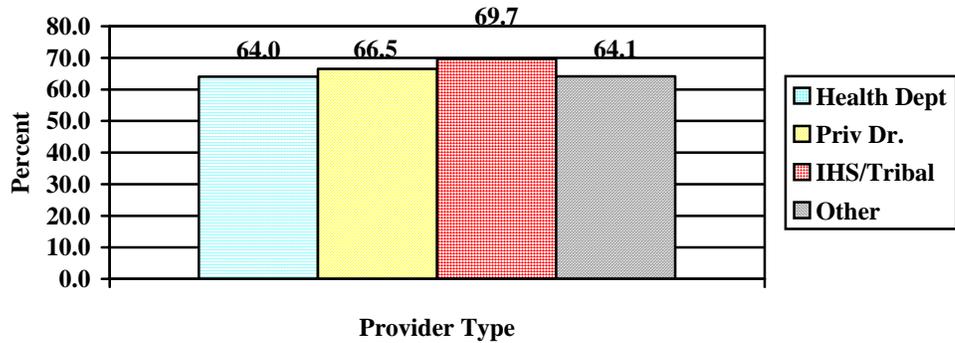
OK By One - State Immunization Data

* 2 Year-old Immunization Survey, Immunization Service, OSDH

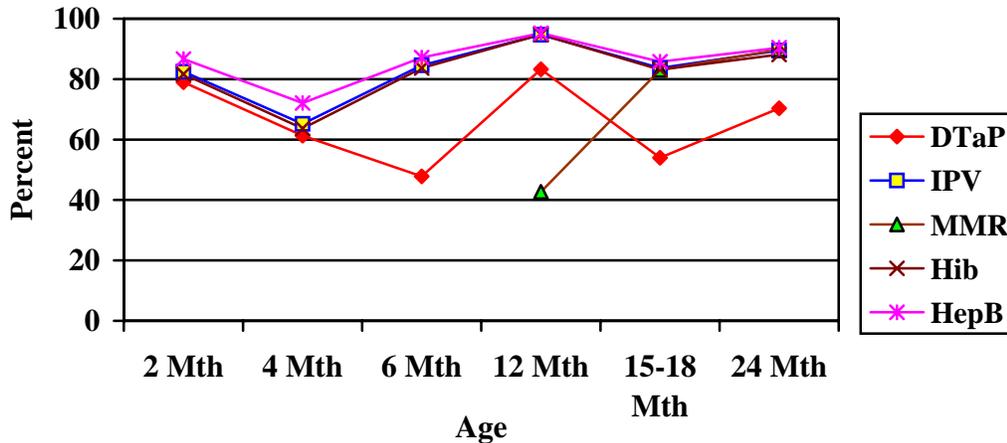
2003-04 Immunization Coverage Rates



4:3:1:3:3 Coverage by Location of Shots, Oklahoma, 2004



Oklahoma Children On Schedule by Antigen, 2004



**Note: County level data will be available soon.



**OKLAHOMA STATE
DEPARTMENT OF HEALTH**

Community Health Services
Community Development Service

1000 NE 10th St, Rm 508
Oklahoma City, OK 73117
Phone: 405-271-6127
Fax: 405-271-1225

Garvin County Health Department
1809 S Chickasaw
PO Box 899
Pauls Valley, Oklahoma 73505
(405) 238-7346

Looking Back to Move Forward

Report compiled by:
Miriam McGaugh, M.S.
Community Development Service, OSDH
Kelly Baker, MPH
Health Care Information Systems, OSDH

The Oklahoma Turning Point Initiative is public health improvement in action. The success of the Turning Point process involves a partnership between the department of health, local communities, and policy-makers. The Oklahoma Turning point engine is fueled by a community-based decision making process whereby local communities tap into the capacities, strengths, and vision of their citizens to create and promote positive, sustainable changes in the public health system, and the public's health.

Oklahoma Turning POINT



*Oklahoma Community Partners
in Public Health Innovation*